

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

() Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET PG3694USW
First Names Inventor: Stanley BONNEY
<i>Complete if known:</i>
App No.:
Filing Date
Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAMENT CARRIER

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on 19 April 2000 as United States application Serial No. _____ or PCT International

Application Number PCT/EP00/03518 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1 9909357.7	GB	4/24/1999	X
2			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

 ATTORNEY'S DOCKET NUMBER
 PG3694USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	Bonnie L. Deppenbrock Reg. No. 28,209
Charles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	John L. Lemanowicz Reg. No. 37,380
Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Amy H. Fix Reg. No. 42,616
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,334	
Lorie Ann Morgan	Reg. No. 38,181			

Send Correspondence to: David J. Levy, Patent Counsel Corporate Intellectual Property Department GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709	 23347 PATENT TRADEMARK OFFICE	Direct Telephone Calls to: James P. Riek 919-483-8022
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR BONNEY	FAMILY NAME Stanley	FIRST GIVEN NAME Stanley	SECOND GIVEN NAME/INITIAL George
0	INVENTOR'S SIGNATURE 			Date: 
1	RESIDENCE & CITIZENSHIP CITY Ware	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Durham	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR DAVIES	FAMILY NAME Michael	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL Birsha
0	INVENTOR'S SIGNATURE 			Signature 
2	RESIDENCE & CITIZENSHIP CITY Ware	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Durham	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR GODFREY	FAMILY NAME James	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL William
0	INVENTOR'S SIGNATURE 			Date: 
3	RESIDENCE & CITIZENSHIP CITY Ware	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
3	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Durham	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

DECLARATION FOR "371" APPLICATION

1261.011002

2	FULL NAME OF INVENTOR HAGLUND	FAMILY NAME HAGLUND	FIRST GIVEN NAME Sylvia	SECOND GIVEN NAME/INITIAL Maria
0	INVENTOR'S SIGNATURE Signature	Date: 13 Dec 2001		
4	RESIDENCE & CITIZENSHIP Edinburgh	STATE OR FOREIGN COUNTRY GB G.B.N	COUNTRY OF CITIZENSHIP GB	
4	POST OFFICE ADDRESS 4F1 5 Montpelier	CITY Edinburgh	STATE & ZIP CODE/COUNTRY EN10 4LZ GB	
2	FULL NAME OF INVENTOR RAND	FAMILY NAME RAND	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL Kenneth
0	INVENTOR'S SIGNATURE Signature	Date:		
3	RESIDENCE & CITIZENSHIP Ware	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
3	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Durham	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

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Declaration submitted with initial filing or
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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

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Charles E. Dadswell	Reg. No. <u>35,851</u>	Virginia C. Bennett	Reg. No. <u>37,092</u>	John L. Lemanowicz Reg. No. <u>37,380</u>
Karen L. Prus	Reg. No. <u>39,337</u>	Frank P. Grassler	Reg. No. <u>31,164</u>	Amy H. Fix Reg. No. <u>42,616</u>
Robert H. Brink	Reg. No. <u>36,094</u>	Christopher P. Rogers	Reg. No. <u>36,334</u>	
Lorie Ann Morgan	Reg. No. <u>38,181</u>			

Send Correspondence to:

David J. Levy, Patent Counsel
Corporate Intellectual Property Department
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709



PATENT TRADEMARK OFFICE

23347

Direct Telephone Calls to:

James P. Riek
919-483-8022

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1-002	FULL NAME OF INVENTOR BONNEY	FIRST GIVEN NAME <u>Stanley</u>	SECOND GIVEN NAME/INITIAL <u>George</u>
0	INVENTOR'S SIGNATURE 		Date: <u>x 12th Dec. '01</u>
0	RESIDENCE & CITIZENSHIP CITY Ware	STATE OR FOREIGN COUNTRY GB GBN	COUNTRY OF CITIZENSHIP GB
1	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Durham	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR DAVIES	FIRST GIVEN NAME <u>Michael</u>	SECOND GIVEN NAME/INITIAL <u>Birsha</u>
2	INVENTOR'S SIGNATURE 		Date: <u>x 13th Dec 2001</u>
0	RESIDENCE & CITIZENSHIP CITY Ware	STATE OR FOREIGN COUNTRY GB GBN	COUNTRY OF CITIZENSHIP GB
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Durham	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR GODFREY	FIRST GIVEN NAME <u>James</u>	SECOND GIVEN NAME/INITIAL <u>William</u>
0	INVENTOR'S SIGNATURE 		Date: <u>x 19th Dec 2001</u>
0	RESIDENCE & CITIZENSHIP CITY Ware	STATE OR FOREIGN COUNTRY GB GBN	COUNTRY OF CITIZENSHIP GB
3	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Durham	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

2	FULL NAME OF INVENTOR HAGLUND	FAMILY NAME HAGLUND	FIRST GIVEN NAME Sylvia	SECOND GIVEN NAME/INITIAL Maria
0	INVENTOR'S SIGNATURE 	Date X		
0	RESIDENCE & CITIZENSHIP CITY Edinburgh	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB	
4	POST OFFICE ADDRESS 4F1 5 Montpelier	CITY Edinburgh	STATE & ZIP CODE/COUNTRY EN10 4LZ GB	
<i>500</i>	FULL NAME OF INVENTOR RAND	FAMILY NAME <i>Paul Kenneth Rand</i>	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL Kenneth
0	INVENTOR'S SIGNATURE 	Date X 20th Dec 2001		
0	RESIDENCE & CITIZENSHIP CITY Ware	STATE OR FOREIGN COUNTRY GB GBN	COUNTRY OF CITIZENSHIP GB	
3	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Durham	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	